Express Mail No.:   EV447410548US

Date Deposited: 10/13/2004

PATENT APPLICATION FEE DETERMINATION RECORD	Application or Docket Number
	10/706,552

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE (37 CFR 1.16(a))				$ 0	OR		$ 0
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	* 0	x $ 9 =	0	OR	x $ 18 =	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	* 0	x 44 =	0	OR	x 88 =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		0	+ 150 =	0	OR	+ 300 =	0
			TOTAL	0	OR	TOTAL	0

* If the difference in column 1 is less then zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	* 35	Minus	** 35	= 0	x $ 9 =	0	OR	x $ 18 =	0
	Independent (37 CFR 1.16(b))	* 4	Minus	*** 4	= 0	x 44 =	0	OR	x 88 =	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 150 =	0	OR	+ 300 =	0
						TOTAL ADDIT. FEE	0	OR	TOTAL ADDIT. FEE	0

AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x $ 9 =	0	OR	x $ 18 =	0
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x 44 =	0	OR	x 88 =	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 150 =	0	OR	+ 300 =	0
						TOTAL ADDIT. FEE	0	OR	TOTAL ADDIT. FEE	0

AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x $ 9 =	0	OR	x $ 18 =	0
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x 44 =	0	OR	x 88 =	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 150 =	0	OR	+ 300 =	0
						TOTAL ADDIT. FEE	0	OR	TOTAL ADDIT. FEE	0

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SEND TO: Mail Stop Fee Amendment
Commissioner for Patents
P. O. Box 1450, Alexandria, VA 22313-1450